

**NEW HAMPSHIRE INSURANCE DEPARTMENT
56 OLD SUNCOOK ROAD
CONCORD, NH 03301-5151**

2002 MEDICAL COMPANY INSTRUCTIONS

BEFORE YOU START PLEASE READ

LEGISLATIVE CHANGES IN NH PREMIUM TAX STATUTES:

Chapter 207 of the Laws of 2002 changed the due dates for the filing of Report on Premiums and Estimated Payments.

RSA 400-A:32 Premium Tax; Penalty, Prepayments

DUE DATES:	Premium Tax Return	March 15th, 2003
	First Estimated Payment	March 15th, 2003
	Second Estimated Payment	June 15th, 2003
	Third Estimated Payment	September 15th, 2003
	Fourth Estimated Payment	December 15th, 2003

Company Filing Fees

The company filing fee due March 1, 2003 will be accepted as timely if included with timely payment of premium taxes.

LATE PAYMENT PENALTY

RSA 400-A:32 IV “Any insurer failing to file the report required by RSA 400-A:31 or failing to remit the proper tax within the time for filing shall pay a penalty equal to 10 percent on the amount of the tax due.”

Late payment fees shall be assessed. Please note that the word “intentionally” has been removed from the law.

GENERAL INSTRUCTIONS

ANNUAL STATEMENT FILING DUE DATES:

Health Service Corporations	March 1, 2003
Health Maintenance Organizations	April 30, 2003
Delta Dental	April 30, 2003

DUE DATE MARCH 15, 2003

The premium tax form return is due NOT LATER THAN March 15, 2003. Tax returns postmarked on or before March 15, 2003, will be accepted as having been timely filed. Tax statements and tax payments postmarked after March 15, 2003, will be subject to the provisions of RSA 400-A:32, IV, which imposes a 10% penalty for filing after the due date.

THE MARCH 15th PREPAYMENT IS INCLUDED ON PAGE 2.

DO NOT SEND PREMIUM TAXES WITH ANNUAL STATEMENT PACKAGE

COMPLETE TAX FORM, FORWARD WITH PAYMENT TO:

**NEW HAMPSHIRE DEPARTMENT OF INSURANCE
56 OLD SUNCOOK ROAD
CONCORD, NEW HAMPSHIRE 03301-5151**

MAKE CHECKS PAYABLE TO: NH INSURANCE DEPARTMENT

ESTIMATED LIABILITY LESS THAN \$400

RSA 400-A:32,II provides that "...any authorized insurer having an estimated liability of \$100 or less for each quarter shall make payment in full on March 15..." Any company having \$400 or less in taxes due (Page 2, Line 21), must pay the total of all four estimates on March 15,2003.

ALIEN CORPORATIONS

For retaliatory purposes, "State of Domicile" as used in this refers to State of Entry.

LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION OF 1996

Please refer to germane portions of the law included as an appendix to these instructions.

ELECTRONIC FILING OF PREMIUM TAX RETURN

All licensed Medical insurance companies may file their premium tax form via electronic spreadsheet. To file electronically, a company must have:

- 1) capability for Electronic mail with an attached file
- 2) software compatible with Microsoft Excel 97
- 3) software compatible with Microsoft Word 6

To use electronic filing each company must request from the Department via E-Mail, the electronic spreadsheet, which then will be used by the company to process the premium tax form. The company will use the electronic file by supplying appropriate data and inserting the required premium amounts and other requested data. The electronic file will provide for the automatic calculation of many fields, and will have the capability to print a hardcopy premium tax report. **A hardcopy report properly signed and notarized will also be required.**

ELECTRONIC FUNDS TRANSFER

Companies may now choose to provide payment by electronic funds transfer (EFT). All electronic fund transfers (EFT) must be received by the designated depository on or before March 15, 2003. Deposits after this date will be considered late and subject to the provisions of RSA 400-A:32, IV. A company may pay by EFT even if they choose not to file electronically. It is requested that those companies choosing EFT file their premium tax forms as early as possible. The premium tax forms may be filed prior to payment by EFT.

If your company desires to file with either of these options, or wishes further general information regarding premium forms or procedures, please respond with an E-Mail message to:

PremiumTax@INS.STATE.NH.US

Include with initial E-Mail:

Name of Contact
Phone Number
Name of Company and/or Group
Type of Company (Life, P&C, Title, Risk Retention Group, etc.)
E-Mail address

A copy of the electronic file and/or instructions for EFT will be forwarded to your E-Mail address along with filing instructions.

WHAT IS TAXABLE?

Gross direct premiums including renewal premiums.
Policy fees.
Membership and other fees.
Assessments.
Policy dividends applied in payment for insurance (additional paid up insurance)
All other considerations for insurance received during the calendar year.

If not otherwise included in the premium base, **deductions made from an employee's salary** by an insurance company for premiums or participation in an accident and health insurance benefits program underwritten by an insurance company **are considered taxable premiums**.

Likewise, **premiums paid by the company** for premiums or participation in an accident and health insurance benefits program underwritten by an insurance company **are considered taxable premiums**.

Most Medicare beneficiaries may choose to receive benefits through one of the following Medicare+Choice plans: Coordinated care plans, which includes health maintenance organizations, Provider-Sponsored Organizations (PSO's) and Preferred Providers Organizations.

Medicare+Choice Premiums received by such organizations **on behalf of Medicare qualified individuals are not subject to premium taxation**.

Medicaid Premiums are subject to premium tax.

ALL DEDUCTIONS FROM GROSS PREMIUMS MUST BE FULLY DOCUMENTED

DOCUMENTS REQUIRED TO BE FILED

Health Service Corporations:
Schedule T for calendar year 2001.
The Underwriting and Investment Exhibit Part 1 – Premiums.
Calendar Year 2001 Business Enterprise Tax Form

Health Maintenance Organizations:
Schedule T for calendar year 2001.
Calendar Year 2001 Business Enterprise Tax Form

A monthly detail report is required for:
Political Subdivisions
Federal Employees Premiums

Administrative Service Contracts
Medicare Choice + Premiums

Documents substantiating any reduction and/or credits taken on premium tax form.

PAGE ONE INSTRUCTIONS

PLEASE INDICATE TOTAL CHECK AND/OR DEPOSIT AMOUNT IF PAYING BY EFT - enter total amount of check or electronic funds transfer.

The box below the filing informational box contains company data.

TYPE OF COMPANY - enter MED

FEDERAL TAX ID NUMBER - enter the company's nine digit federal tax id number

NAIC GROUP CODE - enter the company's four digit NAIC group code

NAIC COMPANY CODE - enter the company's five digit NAIC company code

STATE OF DOMICILE - enter the two letter abbreviation of the company's state of domicile.

PAGE TWO INSTRUCTIONS

Line 1 through line 12 should be completed with the monthly premium amounts per the schedule on page 2.

Line 14. Enter the amount from Column 7, line 13.

Line 15. Premium tax @ 2% times the amount on line 14, or the domestic rate if greater than 2%.

Line 16. Deduct NH Business Enterprise Tax paid in accordance with RSA 77-E. This credit may not reduce the amount on Line 26 below \$0. Only those amounts "incurred" during calendar 2001 may be deducted on this return. Any excess not deducted on this form must be applied in accordance with RSA 400-A:34-a.

Line 17. Premium tax after NH Business Enterprise but not less than zero.

Line 18. Enter amount from Line 17.

Line 19- 20. Any foreign insurers must complete the appropriate sections of page three.

PAYMENTS AND CREDITS

Line 22a. Cash Payments Applied to Estimated Tax

This line provides space to list the cash payments applied to estimated tax.

Any overpayment from March 1, 2002 should first be reduced by filing and annual license fees unless these fees were separately paid, and any amount refunded.

Cash Payments:

Only the actual cash amount of the March 1, 2002 payment that was applied to estimated tax due March 1, 2002 should be entered here under the March 1 estimate. Cash payments for June 1, 2002, September 15, 2002 and December 15, 2002 should also be entered in the appropriate place.

COMMUNITY DEVELOPMENT PROGRAM (RSA 162:L-10)

Line 22b. The credit arising from amounts contributed in accordance with the NH Community Development Financing Authority should be included on this line. **Any credits applied without supporting documentation will be denied.**

OTHER APPROVED CREDITS

Line 22c. Other Approved Credits. This line should be used for any other “pre-approved” credits to premium tax. ***There should be no credits on this line which have not been “pre-approved” by the NH Insurance Department.***

BALANCE DUE MARCH 1, 2003

Payment may either be made by check or by electronic funds transfer (EFT). Payment for several companies may be included on one check or one EFT. If payment is made by check, the check should accompany the hardcopy premium tax form or forms. If paid by EFT, the EFT must be made in accordance with instructions provided by this Department.

PAGE THREE INSTRUCTIONS

LICENSING, FILING AND DOCUMENT FEES

Include in this section only fees and charges relating to the filing of the annual statement, licensing of the company, and other documents fees. Fees and assessments computed on the basis of premiums written must be included in the appropriate section below.

OTHER TAXES

If the company's domestic state imposes any additional fees and/or taxes upon NH companies, these fees and taxes must be included herein. Complete detailed computations must be provided

If the company calculates retaliatory assessments and taxes on allocations other than the predetermined percentages provided by the domestic state, these allocations must have been approved and be utilized in the calculation of taxes for the domestic state to be properly used for NH filing purposes. The company should include adequate explanation with their premium tax statement.

Items to be included here:

Franchise Tax
Corporate Tax
District/Municipality Tax
County/City/Canadian Province Tax
Insurance Department Maintenance
Corporate Registration Fee

OTHER ASSESSMENTS

Include all other assessments. Do not include fees relating to filing of the annual statements and/or licensing of the company.

Include:

Actuary
Rate Hearings
Police Pension Fund
Insurance Department Maintenance
Any other assessments

DUE DATES

Tax statements and payments **postmarked** on the Due Date are considered to have been paid in a timely manner and no penalties will be assessed. Tax Statements and payments postmarked after the due date will be assessed a 10% penalty for late payment. (RSA 400-A:32, IV)

March 15, 2002:

The company must file the premium tax statement not later than March 15, 2003, and include payment for premium taxes and fees.

First prepayment for 2003 estimated premium taxes. Any company with a total prepayment tax liability of \$400 or less must make full payment of 2003 estimated taxes on March 15, 2003.

June 15, 2003:

Second prepayment for 2003 estimated premium taxes.

September 15, 2003:

Third prepayment for 2003 estimated premium taxes.

December 15, 2003:

Fourth prepayment for 2003 estimated premium taxes.

STATE OF NEW HAMPSHIRE DEPARTMENT OF INSURANCE
56 OLD SUNCOOK ROAD, CONCORD, NH 03301-5151
March 15, 2003

HEALTH MAINTENANCE ORGANIZATIONS
HEALTH SERVICE CORPORATIONS
DELTA DENTAL PLAN

STATEMENT OF FEES, CHARGES, AND PREMIUM TAXES
FOR THE YEAR ENDING DECEMBER 31, 2002

COMPANY NAME		
BUSINESS ADDRESS		
TYPE OF COMPANY		MED
FEDERAL TAX ID NUMBER		
NAIC GROUP CODE		
NAIC COMPANY CODE		
STATE OF DOMICILE		
PLEASE INDICATE TOTAL CHECK AND/OR EFT AMOUNT		

SWORN STATEMENT (RSA 400-A:31)

State of	
County of	
Name of Officer	being duly sworn, deposes and says:
that he/she is the	
of the	
and that the following is a full, true and correct statement of the business done in the State of New Hampshire by said	
Company during the year ending December 31, 2002.	

Subscribed and sworn to before me this _____ day of _____ 2003.

Officer _____

Notary Public _____

PLEASE INDICATE THE NAME OF THE TAXATION OFFICER WHOM WE SHOULD CONTACT IF THERE ARE QUESTIONS ABOUT THIS FORM. ALSO INDICATE THE APPROPRIATE ADDRESS FOR CORRESPONDENCE, REFUNDS, ETC.

TAXATION OFFICER	
ADDRESS (If different from above)	
E-MAIL ADDRESS	
TELEPHONE NUMBER	
FAX NUMBER	

SEE SEPARATE INSTRUCTIONS

DUE DATE

The premium tax statement and payment of taxes is due NOT LATER THAN MARCH 15, 2003. **POSTMARK ACCEPTED.**
RSA 400-A:32, IV imposes a 10% penalty for late payment. Complete premium tax and forward to the Insurance Department at the above address with check PAYABLE TO: **NH Insurance Department.**

ALIEN CORPORATION:

For Retaliatory Purposes, "State of Incorporation," as used in this form, refers to State of Entry.

ATTENTION:

RSA 400-A:32, II provides that any authorized insurer having an estimated liability of \$100 or less for each quarter shall make payment in full on MARCH 15, 2003.

NAME OF COMPANY	
NAIC COMPANY CODE	
STATE OF DOMICLE	
FOR THE YEAR ENDING DECEMBER 31, 2002	
PREMIUM TAX: LIFE COMPANIES - RETALIATORY PROVISION NH RSA 400-A:35	
Gross Premiums/considerations from New Hampshire policy/contract holders or on risks located in New Hampshire, other than premiums received for reinsurance.	

(1)	(2)	(3)	(4)	(5)	(6)	(7)
GROSS PREMIUMS/CONSIDERATIONS	GROSS PREMIUMS	POLITICAL SUBDIVISIONS	FEDERAL EMPLOYEES PROGRAM	ADMIN SERVICE CONTRACTS	MEDICARE+ CHOICE PREMIUMS	NET TAXABLE PREMIUMS
1. January						
2. February						
3. March						
4. April						
5. May						
6. June						
7. July						
8. August						
9. September						
10. October						
11. November						
12. December						
13. TOTAL PREMIUMS						

14. NET PREMIUMS SUBJECT TO TAX (COL 7, L13)	
15. TOTAL PREMIUM TAX - MINIMUM \$200	
16. BUSINESS ENTERPRISE TAX CREDIT (RSA 400-A:34-a)	
17. PREMIUM TAX DUE AFTER BUSINESS ENTERPRISE TAX (BUT NOT LESS THAN ZERO)	

COMPUTATION OF BALANCE DUE	
18. Premium Tax Payable (Page 2, Col. 7, Line 17)	
19. Other Taxes Payable (Page 3, Col 4, Line 13)	
20. Assessments Payable (Page 3, Col 4, Line 19)	
21. TOTAL PREMIUM TAXES PAYABLE (Lines 18+19+20)	
22. PAYMENTS AND CREDITS	
a) Cash Payments Applied to Estimated Tax	
Overpayment March 1, 2002 net of refund & fees	
Mar. 1, 2002	
Jun. 1, 2002	
Sep. 15, 2002	
Dec. 15, 2002	
b) Community Development Financing Authority	
c) Other Approved Credits (See Instructions)	
23. Total Payments and Credits (Lines 22a through 22d)	
24. Total Taxes Payable (Overpaid) (Line 21 less Line 23)	
25. Prepayment Due Mar 15, 2003 (Line 21 if \$400 or less, MINIMUM \$200, otherwise 25% of Line 21)	
26. Filing Fees (Page 3, Col 4, Line 6)	
27. Annual License Fee (Page 3, Col 4, Line 3)	
28. BALANCE DUE (OVERPAYMENT) MARCH 15, 2003 (LINES 24+25+26+27)	

NAME OF COMPANY	
NAIC COMPANY CODE	
STATE OF DOMICILE	
FOR THE YEAR ENDING DECEMBER 31, 2002	
PREMIUM TAX: MED COMPANIES - RETALIATORY PROVISION NH RSA 400-A:3	

(1)	(2)	(3)	(4)
LICENSING, FILING AND DOCUMENT FEES ONLY	NH BASIS	STATE OF DOM BASIS	LARGER OF COL 2 OR 3
1. Certificate of Authority Renewal (Due Date 6/15/03)	200.00		
2. Variable Annuity License Renewal Fee (Due 3/1/03) Only if Licensed for Var Products	0.00		
3. Total License Fees	XXXXXX	XXXXXX	

4. Annual Filing Fees			
a) Annual Statement	100.00		
b) Certificate of Compliance	0.00		
c) Certificate of Deposit	0.00		
d) Certificate of Valuation	0.00		
5. Other Fees which might be applicable	XXXXXX	XXXXXX	
a) By-Laws (ONLY if amending)	25.00		
b) Articles of Incorporation (ONLY if amending)	10.00		
c) Other Retaliatory Fees (itemize)	XXXXXX		
Publication Fee	XXXXXX		
Annual Statement Audit Fee	XXXXXX		
Other Fees - Attach Schedule	XXXXXX		
6. TOTAL FILING FEES	XXXXXX	XXXXXX	

OTHER TAXES	NH BASIS	STATE OF DOM BASIS	
Calculation of taxes based upon laws governing state of domicile (Include % rate and basis if applicable).			

7. FRANCHISE TAX (If subject to a minimum, include this minimum amount \$_____)	XXXXXX		
8. CORPORATE TAX	XXXXXX		
9. DISTRICT/MUNICIPALITY	XXXXXX		
10. COUNTY/CITY/CANADIAN PROVINCE TAX	XXXXXX		
11. INSURANCE DEPARTMENT MAINTENANCE	XXXXXX		
12. OTHER - ATTACH SCHEDULE	XXXXXX		
13. TOTAL OTHER TAXES	XXXXXX	XXXXXX	

ASSESSMENTS	Applicable Rate	STATE OF DOM BASIS	
Include all fees and assessments.			

14. ACTUARY			
15. RATE HEARING			
16. POLICE PENSION FUND			
17. INSURANCE DEPARTMENT MAINTENANCE			
18. OTHER - ATTACH SCHEDULE			
19. TOTAL ASSESSMENTS	XXXXXX	XXXXXX	

STATE OF NEW HAMPSHIRE DEPARTMENT OF INSURANCE
56 OLD SUNCOOK ROAD
CONCORD, NEW HAMPSHIRE 03301-5151

ESTIMATED PREMIUM TAX PREPAYMENT - RSA 400-A:32, II
June 15, 2003

NAME OF COMPANY	
ADDRESS OF COMPANY	
TYPE OF COMPANY	
FEDERAL TAX IDENTIFICATION NUMBER	
NAIC GROUP CODE	
NAIC COMPANY CODE	
STATE OF DOMICILE	

COMPUTATION OF PAYMENT DUE

Total Premium Tax Liability Calendar Year 2002	
Amount Now Due: 25% of Total Tax Liability.	
Less: March 15, 2003 Credit Applied	
Less: Community Development Financing Authority Credit (Attach Correspondence)	
Net Remittance	

Check NO _____ Dated _____

County of _____ State _____

Personally Appeared Before Me _____

President/U.S. Manager, Vice President, Secretary, or Treasurer, above named company and made oath that the

foregoing return by them is true.

Notary Public

DUE DATE

This prepayment form and payment of taxes is due NOT LATER THAN JUNE 15, 2003. **POSTMARK ACCEPTED.**
RSA 400-A:32, IV, imposes a 10% penalty for late payment. Complete form and forward to the Insurance
Department at the above address with check PAYABLE TO: **NH Insurance Dept.**

STATE OF NEW HAMPSHIRE DEPARTMENT OF INSURANCE
56 OLD SUNCOOK ROAD
CONCORD, NEW HAMPSHIRE 03301-5151

ESTIMATED PREMIUM TAX PREPAYMENT - RSA 400-A:32, II
September 15, 2003

NAME OF COMPANY	
ADDRESS OF COMPANY	
TYPE OF COMPANY	
FEDERAL TAX IDENTIFICATION NUMBER	
NAIC GROUP CODE	
NAIC COMPANY CODE	
STATE OF DOMICILE	

COMPUTATION OF PAYMENT DUE

Total Premium Tax Liability Calendar Year 2002	
Amount Now Due: 25% of Total Tax Liability.	
Less: March 15, 2003 Credit Applied	
Less: Community Development Financing Authority Credit (Attach Correspondence)	
Net Remittance	

Check NO _____ Dated _____

County of _____ State _____

Personally Appeared Before Me _____

President/U.S. Manager, Vice President, Secretary, or Treasurer, above named company and made oath that the

foregoing return by them is true.

Notary Public

DUE DATE

This prepayment form and payment of taxes is due NOT LATER THAN SEPTEMBER 15, 2003. **POSTMARK ACCEPTED.**
RSA 400-A:32, IV, imposes a 10% penalty for late payment. Complete form and forward to the Insurance
Department at the above address with check PAYABLE TO: **NH Insurance Dept.**

STATE OF NEW HAMPSHIRE DEPARTMENT OF INSURANCE
56 OLD SUNCOOK ROAD
CONCORD, NEW HAMPSHIRE 03301-5151

ESTIMATED PREMIUM TAX PREPAYMENT - RSA 400-A:32, II
December 15, 2003

NAME OF COMPANY	
ADDRESS OF COMPANY	
TYPE OF COMPANY	
FEDERAL TAX IDENTIFICATION NUMBER	
NAIC GROUP CODE	
NAIC COMPANY CODE	
STATE OF DOMICILE	

COMPUTATION OF PAYMENT DUE

Total Premium Tax Liability Calendar Year 2002	
Amount Now Due: 25% of Total Tax Liability.	
Less: March 15, 2003 Credit Applied	
Less: Community Development Financing Authority Credit (Attach Correspondence)	
Net Remittance	

Check NO _____ Dated _____

County of _____ State _____

Personally Appeared Before Me _____

President/U.S. Manager, Vice President, Secretary, or Treasurer, above named company and made oath that the

foregoing return by them is true.

Notary Public

DUE DATE

This prepayment form and payment of taxes is due NOT LATER THAN DECEMBER 15, 2003. **POSTMARK ACCEPTED.**
RSA 400-A:32, IV, imposes a 10% penalty for late payment. Complete form and forward to the Insurance
Department at the above address with check PAYABLE TO: **NH Insurance Dept.**